

# CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

10/625,917

4-25-05

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1			1				51					
2				1			52					
3				1			53					
4				1			54					
5				1			55					
6				1			56					
7				1			57					
8				1			58					
9				1			59					
10				1			60					
11			1				61					
12				1			62					
13				1			63					
14				1			64					
15				1			65					
16			1				66					
17				1			67					
18				1			68					
19			1				69					
20				1			70					
21				1			71					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep			4				Total Indep					
Total Depend			17				Total Depend					
Total Claims			21				Total Claims					